

Case Number:	CM14-0144574		
Date Assigned:	09/12/2014	Date of Injury:	04/23/2010
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28 year old female who reported an injury on 04/23/2010; the mechanism of injury was not indicated. The injured worker had diagnoses including lumbar sprain. Prior treatment included injections, a lumbar spine radiofrequency nerve ablation, and cognitive behavior therapy sessions in 11/2013. Diagnostic studies and surgical history were not provided in the medical records. The injured worker complained of bilateral low back pain. A urine drug screen was performed on 04/09/2014 which was consistent with the injured worker's prescribed medication regimen. The clinical note dated 09/03/2014 reported the injured worker had tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L2-S1 facet joints and bilateral sacroiliac joints. Lumbar range of motion was restricted by pain in all directions. Lumbar facet joint provocative maneuvers were positive and straight leg raise was positive bilaterally. Muscle strength was 5/5 I all limbs. Medications included norco and orneprazole. The treatment plan included a request for Meds x 2 Norco 10/325 mg 1 tablet by mouth, three times a day, as needed for pain, #90 with 1 refill. The rationale for the request was to decrease her low back pain. The request for authorization was dated 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Meds x 2 Norco 10/325mg 1 tab p.o. t.i.d. p.r.n. pain #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The request for Decision for Meds x 2 Norco 10/325mg Meds 1 tablet by mouth, three times a day, as needed for pain, #90 with 1 refill is not medically necessary. The injured worker complained of bilateral low back pain. The injured worker has been on Norco since 02/2014 for pain. The California MTUS guidelines recommend continuing review with documentation of pain relief, functional status, appropriate medication use, and side effects. The patient pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment must be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore, the request is not medically necessary.